STATE OF IDAHO

APPLICATION FOR STATE CERTIFICATION MAPPING/CARTOGRAPHY

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
EMPLOYED BY		·
In order to receive mapping cer	rtification, the candidate m	ust:
 Satisfactorily pass the St year of experience in ma 		Mapping course followed by one
* -	iples and Techniques of Ca	nediate Mapping course, or dastral Mapping), followed by
EXPE	RIENCE REQUIREMI	ENTS
The above applicant has worked fin mapping/cartography forindicate the dates of	formonths.	(employer) In the blanks provided, please
employment. FromMM	toMN	<u>///YY</u> ·
Signature of Assessor or	County	Date

STC Representative

EDUCATION REQUIREMENTS

DATE	COURSE TITLE AND NUM	MBER	SPONSOR
APPLICATIO For courses being s	submitted to the examination commi	ttee as equivalent cours	
Signati	ure of Applicant		Date
	EDUCATIONAL DIRECT PROPERTY A P.C BOISE,	IUST BE RETURNED OR, STATE TAX CO PPRAISAL BUREAU). BOX 36 ID 83722-0320 NE (208) 334-7733	MMISSION

FOR CERTIFICATION COMMITTEE USE ONLY				
Date Received	Application No	Date Certification sent		
Certification Committee Approval				